



Website: <http://northolmsted.wixsite.com/nojwc>

## **WOMEN'S ADULT STUDENT SCHOLARSHIP**

### **2024 Scholarship Application Instructions**

Complete the attached application, in ink or online, in its entirety

Incomplete applications will not be considered.

Please proofread your application, spelling and grammar count!

Applicants must meet the following eligibility requirements:

- Age 24 or older by January 1, 2024
- A resident of Cuyahoga or Lorain County
- A U.S. Citizen
- Currently enrolled in an accredited college or university, pursuing Associates, Bachelors, or Masters Degree, or Vocational Certification/License

**The following materials must be included in your submission**

**(Applications received without attachments will not be considered):**

- Completed Application
- Personal Statement (limit to one page please)
- Proof of Residency (example: utility or cable bill)
- Proof of U.S. Citizenship (birth certificate, passport, naturalization document)
- Proof of Enrollment
- Current Resume/Work History

**Application must be postmarked or received no later than March 31, 2024**

A \$2,000 scholarship will be awarded to the educational institution attended by the chosen recipient.

A decision will be made by April 30, 2024 and the recipient will be notified by phone and email.

Send application and all attached materials by U.S mail to:

**North Olmsted Junior Women's Club**

Attn: Adult Scholarship Committee

c/o North Olmsted Senior Center

28114 Lorain Road

North Olmsted, OH 44070

OR

Email application and all requested materials in electronic format to:

[nojuniors44@gmail.com](mailto:nojuniors44@gmail.com)



website: <http://northolmsted.wixsite.com/nojwc>

Facebook: North Olmsted Junior Women's Club

**WOMEN'S ADULT STUDENT SCHOLARSHIP APPLICATION**

**PERSONAL DATA**

Name \_\_\_\_\_

*Last, First, Middle Initial*

Address \_\_\_\_\_

*Street Address*

*City, State, Zip*

Phone(s) \_\_\_\_\_ Email: \_\_\_\_\_

Other Household Members	Name	Occupation
	_____	_____
	_____	_____
	_____	_____

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

**EDUCATION**

High School Attended \_\_\_\_\_ City, State \_\_\_\_\_

Year Graduated (if GED, year attained) \_\_\_\_\_

**Post Secondary Education**

*Please attach a copy of your most recent report card, or proof of enrollment if this is your first enrollment term.*

Institution Currently Attending	City, State	Dates Attended	Degree to be received
_____	_____	_____	_____

Previous Institution(s) Attended	City, State	Dates Attended	Degree (if applicable)
_____	_____	_____	_____

How did you hear of our Scholarship? \_\_\_\_\_

**EMPLOYMENT** Please attach a copy of your current Resume

**PERSONAL STATEMENT** Please attach a typewritten Personal Statement (100 word minimum) explaining your career goals and your financial need as pertaining to this scholarship.

**RESIDENCY** Please attach proof of residency (Cuyahoga/Lorain county) and US Citizenship (birth certificate/passport/naturalization document)

By my Signature, I certify that the information given on this application is complete and correct, and any omission or falsification will result in the disqualification of my application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date